



Alameda County Coroner's Bureau
Gregory J. Ahern, Sheriff/Coroner
2901 Peralta Oaks Court, Oakland, CA 94605
(510) 382-3000

Coroner Investigator's Report

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) HURD, Kevin Mark		TENTATIVE I UNIDENTIFIED		CASE NUMBER 2014-00955							
	REPORTED BY R. PELK #2031		REPORTED BY PHONE		REFERENCE NUMBER							
	INVESTIGATOR SOLOMON UNUBUN		CALL DATE AND TIME 3/26/2014 2003		REPORTING AGENCY Alameda County Sheriff's Office-ETS							
			CASE TYPE Removal Case									
DECEDED	DATE AND TIME OF DEATH 3/26/2014 1934		DATE OF BIRTH 8/23/1972	AGE 41 Years	GENDER Male	RACE Caucasian/White	MARITAL STATUS Divorced	VET				
	HGT	WGT	EYE COLOR Brown	HAIR COLOR Brown	OCCUPATION Laborer	EMPLOYER						
	Preliminary Summary:											
DEATH	LOCATION OF DEATH Santa Rita Jail					LOC TYPE Other						
	ADDRESS (STREET, CITY, STATE, ZIP) 5325 Broder Boulevard, Dublin, CA, 94568					COUNTY Alameda						
	Manner Suicide		Death Certificate Signed By J. HORN #1724, DEPUTY CORONER									
	Cause A	HANGING					Interval	Minutes				
	Cause B						Interval					
	Cause C						Interval					
	Cause D						Interval					
NOTIFIC.	LEGAL NEXT OF KIN		RELATIONSHIP		TELEPHONE NO.							
	NOTIFIED BY		METHOD		DATE AND TIME							
	IDENTIFICATION METHOD Finger Prints		DATE AND TIME 3/26/2014 1934									
	LOCATION OF INCIDENT Santa Rita Jail		AT WORK									
INCIDENT	ADDRESS (STREET, CITY, STATE, ZIP) 5325 broder Boulevard, Dublin, CA, 94568					COUNTY Alameda		DATE AND TIME OF INCIDENT 3/26/2014 0000				
	INVESTIGATING AGENCY Alameda County Sheriff's Office-ETS		INV AGENCY PHONE NUMBER			OFFICER						
	FUNERAL HOME P.L. FRY & SON FUNERAL HOME		BODY RELEASE TO FUNERAL HOME ON 3/28/2014 1330									
DISP	Full Autopsy		Partial Autopsy		Inspection		Record Review		Inspection w/Specimen		EXAM BY JUDY MELINEK	
	Yes											



Alameda County Sheriff's Office

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Coroner's Bureau, 480 4th Street, Oakland, CA

94607-3829

(510) 268-7300 / (510) 268-7333 (fax)

Investigator Narrative

Decedent: HURD, Kevin Mark

Case Number: 2014-00955

Investigator: Solomon Unubun

First Call Information:

On Wednesday, March 26, 2014, about 2003 hours, I (UNUBUN) received a call from Alameda County Sheriff's Office (ACSO) Deputy R. PELK #2031. He was calling to report the death of Kevin HURD who an inmate at Santa Rita jail. HURD was classified as an administrative segregation inmate. Due to his classification he was assigned to single occupant cell.

About 1845 hours on the above date, Deputy PELK conducted a welfare check of all inmates in Housing Unit #2, an administrative segregation unit. All the inmates in the housing unit were locked in their cells and he observed HURD sitting on his bunk inside his assigned cell.

About 1904 hours, Deputy PELK was conducting pill call with the nurse. When they arrived in B-pod, Deputy PELK noticed inmate HURD was hanging by a noose made from his bed sheet and was unresponsive. His feet were on the floor, his knees were bent and the noose was tied around the top bunk. HURD was cut down, CPR was initiated and emergency services were summoned to the scene. Paramedics Plus and ALCO Fire arrived on scene within minutes. Life saving measures continued



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without success and death was determined at 1934 hours. No known prior suicide attempts or ideations. No note of intent was found in the cell.

NOK notification is pending. ETS and ACSO Command Staff were notified. (SU#1914)

Medical Summary:

HURD was discovered hanging in his cell.

Description of the Death/ Injury Scene:

On Wednesday, March 26, 2014, about 2329 hours, Deputy Neill and I (UNUBUN) arrived at Santa Rita Jail to complete scene investigation and removal. We proceeded directly to Housing Unit #2 and we were met by Deputy PELK who directed us to the location of the decedent and he told me the following.

HURD was incarcerated on 3/23/14 and was in custody for [REDACTED]
[REDACTED] When he was interviewed by the classification deputy during his intake interview, he requested [REDACTED]
[REDACTED]
[REDACTED]

HURD also did not show any suicidal tendencies and he did not tell anybody about his suicidal ideations hence he was not placed on suicide risk and no observation log started.



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We located HURD in B-pod; he was lying supine on the floor in front of the doorway of cell #7. The cell door was open, there was a blue sheet with knots on it on the cell floor and there was a mattress on the bottom bunk. There was a blanket on top of the mattress and pieces of foam around the cell. The cell was relatively clean and there were no personal property.

HURD was wearing red jail issued pants and was naked from the waist up. He had a rope around his waist which was made with jail issued towels and was tied in a knot. He had medical therapy in the form of ET tube in his mouth, cardiac monitoring pads on his chest and abdomen and there was an IO tube attached to his left shin. There was brown substance around his mouth which appeared to have purged through the ET tube in his mouth. He was cold to the touch, livor mortis was consistent with his position and rigor mortis was minimal.

There were some small abrasions around HURD's neck. The abrasions were consistent with someone that was suspended from the ground and was held up by a rope. I was unable to determine if the marks on his neck were ligature marks because of his extensive tattoos. I continued my examination but found no other visible trauma.

Deputy NEILL took photographs of the scene and we moved him to the Coroner's van. I retrieved the ligature from HURD's cell and I also retrieved his property and medical records from Lieutenant DENOBRIGA. I issued Coroner's Bureau receipt #34745 for the body and property removed from the scene.

Upon my return to the Coroner's Bureau, intake photos were taken and the decedent was processed into the morgue with a yellow tag due to the nature of the case. (SU#1914)



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Body Identification:

HURD was identified with his fingerprints and personal information on file when he was booked into the jail. (SU#1914)

On Tuesday, April 01, 2014, about 1100 hours, a fingerprint comparison letter was received at the Coroner's Bureau from Central Identification Bureau (CIB). The letter confirmed a positive search result for a comparison made between fingerprints of Kevin HURD to the fingerprints associated to the Personal File Number (PFN) [REDACTED]. The fingerprints submitted and the PFN were made by the same subject. (HB#2017)

Next of Kin Investigation:

On 3/27/2014, at 1130 hours, Lieutenant R. Bowers located a possible next of kin (NOK) [REDACTED]. [REDACTED] was attempting to bail out HURD. I called [REDACTED]. She informed me she was HURD'S cousin, and HURD'S father was deceased and his mother's name was [REDACTED].

On 3/27/2014, at 1200 hours, I attempted to contact [REDACTED] and got in contact with [REDACTED] husband. [REDACTED] said [REDACTED] had been notified, and he knew of HURD'S eldest child who had filed a restraining order against HURD.

Other Agency Reports:

Alameda County Sheriff's Office Deputy PELK wrote report #14-005330 documenting the incident. A copy of the report was reviewed and placed in the case file. (SU#1914)



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Property and Evidence:

The decedent's personal belongings were retrieved and later processed into property at the Coroner's Bureau under Coroner's receipt #34745. (SU#1914)

Coroners Fees:

The Coroner's fees for this case as of 3/27/14 are \$321.00 for the removal and body preparation. (SU#1914)

Other Investigative Details/ Supplemental Information:

Findings:

On Thursday, May 08, 2014, I (UNUBUN) reviewed this case for the purpose of establishing a manner of death. Based on a review of my scene investigation, the autopsy protocol and the physical evidence, I have determined this death to be a suicide. HURD was found hanging by a noose made from bed sheets inside his assigned cell and he was the sole occupant. He was housed in an administrative segregation unit which means he cannot have a cellmate or come in contact with another inmate in the pod. At the time the incident occurred, all inmates in the housing unit were locked inside their cell. Also, the autopsy protocol by Dr. J. MELINEK, the Coroner's Pathologist, established the cause of death as hanging. (SU#1914)

Supervisor Review:



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On May 27, 2014, I (Sergeant P. Wilson) reviewed this case for closure. I agree with the findings and consider this case closed. (PW#1494)

Coroner fees outstanding, a hold has been placed on this case until fees have been paid. (PW)

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480 4th Street, Oakland, CA 94607-3829



Gregory J. Ahern, Sheriff

Director of Emergency Services
Coroner - Marshal

M E M O R A N D U M

DATE: March 27, 2014
FROM: Judy Melinek, M.D.
TO: Case File 2014-00955
SUBJECT: AUTOPSY PROTOCOL

Autopsy performed upon the body of Kevin Hurd Sr. at the Coroner's Bureau, 480 4th Street, Oakland, California, on March 27, 2014, at 9:10 a.m.

AUTOPSY FINDINGS

- I. HANGING:
 - A. ABRASIONS AND CONTUSIONS, NECK
 - B. LIGATURE REMOVED AT SCENE, ACCOMPANYING BODY
 - C. TONGUE TIP DRY WITH ABRASIONS
 - D. VISCERAL CONGESTION
 - E. FRACTURES OF BILATERAL THYROID CORNUA
 - F. STATUS POST CARDIOPULMONARY RESUSCITATION WITH LEFT ANTERIOR FOURTH RIB FRACTURE AND MIDBODY STERNAL FRACTURE, NONHEMORRHAGIC.
- II. BLUNT TRAUMA WITH:
 - A. SCALP CONTUSION, RIGHT POSTERIOR PARIETAL
 - B. CONTUSIONS AND ABRASIONS, EXTREMITIES, SOME HEALING
 - C. NO VITAL INJURY.
- III. HYPERTENSIVE ATHEROSCLEROTIC CARDIOVASCULAR DISEASE:
 - A. 480 GRAM HEART WITH LEFT VENTRICULAR HYPERTROPHY (1.6 CM)
 - B. 50% LEFT ANTERIOR DESCENDING CORONARY ARTERY ATHEROSCLEROSIS.
- IV. CHOLESTEROLOLOSIS, GALLBLADDER.

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Body of KEVIN HURD SR.

V. INCIDENTAL FINDING: ACCESSORY SPLEEN.

CAUSE OF DEATH: HANGING.

cc: EMS
District Attorney
Investigations Bureau

Sheriff-Coroner
Alameda County

Body of KEVIN HURD SR.

1 **PRELIMINARY EXAMINATION:** The body is identified by a Coroner's
2 label affixed to the left great toe and a jail identification
3 encircling the left wrist, in addition to a pink paper wristband
4 inscribed "VITA CARE." When first viewed, the decedent is clad
5 in red elastic-waist pants with a blue washcloth tied in a knot
6 at the waistband holes in front; brown boxer underpants; and two
7 gray socks. The body is accompanied by a cut, red shirt and
8 green T-shirt. Brown paper bags encircle the hands. A blue
9 towel tied to a gray sash is encircling and tied at the waist.
10 These are untied by the technician (Herminia Gutierrez). Also
11 accompanying the body is an 86 inch long, dark blue sheet which
12 measures between 1 inch in width, when scrunched down, and 6
13 inches in width at the three knots. The sheet has been torn and
14 knotted together in three places. There are no other
15 accompanying valuables or effects. The clothing, ligature, blue
16 towel and gray sash are submitted as evidence.

17

18 **EXTERNAL EXAMINATION:** The body is of a well developed, fit and
19 musculature adult Caucasian man whose appearance is consistent
20 with the reported age of 41 years. The body is cold on the
21 outside and slightly warm on the inside (status post
22 refrigeration). Rigor mortis is marked and symmetric.
23 Blanchable purple livor mortis extends over the posterior

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Body of KEVIN HURD SR.

24 surfaces of the body, and the head and neck above the clavicles,
25 except in areas exposed to pressure.

26

27 The face is unremarkable without evidence of injury. The head
28 is externally atraumatic, symmetric, and normocephalic. The
29 scalp is externally intact and atraumatic. The scalp hair is
30 light reddish brown, straight, and measures approximately 1/8
31 inch in length over the crown. The eyelids are atraumatic,
32 intact, and unremarkable. The irides are brownish green. The
33 pupils are bilaterally equal at 0.7 cm. The corneas are
34 translucent. The sclerae and conjunctivae are slightly
35 congested, with slight tache noire, but without hemorrhages or
36 jaundice. No petechial hemorrhages are identified on the
37 palpebral conjunctivae, bulbar conjunctivae, facial skin or oral
38 mucosa. The nose and ears are not unusual, except for one
39 pierce mark in the left earlobe. The decedent wears a 1/4 inch
40 reddish mustache and goatee beard with a slight associated
41 stubble. The teeth are natural and in good condition. There is
42 foamy vomit extending from the mouth towards the right chin and
43 neck. The tongue tip as seen through the open mouth is purple
44 and dry.

45

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Body of KEVIN HURD SR.

46 The neck is remarkable for evidence of injury, as mentioned
47 below. The trachea is palpable and midline. The thorax is well
48 developed and symmetrical. The abdomen is flat. The anus and
49 back are unremarkable. The penis is circumcised. The testes
50 are bilaterally descended in the scrotum. The upper and lower
51 extremities are well developed and symmetrical without absence
52 of digits. There is no clubbing or edema.

53

54 **EVIDENCE OF MEDICAL THERAPY:** Evidence of acute medical therapy
55 includes: an endotracheal tube (secured with positioner and
56 strap, covered with a glove, and properly positioned on internal
57 examination); four electrocardiogram patches on the chest and
58 abdomen; defibrillator patches on the chest and lateral torso;
59 and a left tibial intraosseous catheter attached to a full bag
60 of saline.

61

62 Injuries associated with resuscitation include an anterior left
63 fourth rib fracture with scant associated hemorrhage and a non-
64 hemorrhagic midbody sternal fracture.

65

66 There is a needle puncture mark with an associated 2 by 1 inch
67 red ecchymosis at the right antecubital fossa, associated with a
68 dirty adhesive mark at the outer right antecubital fossa towards

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Body of KEVIN HURD SR.

69 the elbow. A 3/4 inch ecchymotic contusion possibly associated
70 with a needle puncture mark is at the back left hand.
71
72 **IDENTIFYING MARKS AND SCARS:** A monochromatic professional
73 tattoo of a graphic design--involving a shield at the front of
74 the neck and an ornate flourish below it--surrounds the neck
75 towards the back, where it is inscribed "Lynette." A
76 monochromatic professional tattoo of a dot is on the upper left
77 cheek, overlying the zygomatic arch. A monochromatic
78 professional tattoo of roses, possibly inscribed "Ronena
79 Seapov," is on the upper midline chest. A monochromatic amateur
80 tattoo of a star or scribble, possibly a Chinese letter, is at
81 the inner left chest. A monochromatic amateur tattoo of a
82 facemask with an open mouth is on the upper right back. A 3/4
83 by 3/8 inch, ovoid, well-healed scar is at the right flank. A
84 monochromatic professional tattoo depicting a parrot, a tower, a
85 woman's face, and an hourglass is at the right antecubital
86 fossa. A 2 inch, irregular "X"-shaped, pink scar is at the
87 volar right wrist. A monochromatic professional tattoo possibly
88 inscribed "vgd" is on the back upper right arm. Monochromatic
89 amateur tattoos of dots are at the back of the right second
90 through fifth digits (index through small fingers), overlying
91 the proximal phalanges. A monochromatic professional

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Body of KEVIN HURD SR.

92 sleeve-like tattoo extends from the left shoulder to the wrist
93 and depicts an Asian scene with a koi fish, wave, and a spider
94 web at the elbow. A monochromatic amateur tattoo possibly
95 inscribed "Frog" is at the back left hand, between the thumb and
96 index finger. A monochromatic amateur tattoo depicting two
97 cartoon faces and inscribed, possibly, "Maria" is at the inner
98 right shin. Additional identifying marks and scars are not
99 readily identified.

100

101 **EVIDENCE OF INJURY:**

102 **Hanging:**

103 A 1/4 inch horizontal linear red abrasion is underneath the
104 midline chin. Two 3/4-inch parallel linear red abrasions are at
105 the right neck, overlying the thyroid cartilage. A 2-1/2 by 3/4
106 inch, bandlike, tan abraded ligature furrow extends from the
107 left near-midline neck and elevates slightly towards the left
108 neck. A 3/4 inch pale dry area is behind the left ear.

109

110 On internal examination there are hemorrhages measuring 4 by
111 2 cm at the right supraclavicular fossa, 2 by 1 cm at the right
112 inferior surface of the sternocleidomastoid, and 2 by 1 cm at
113 the right omohyoid. There is additionally a 2 cm contusion at
114 the right thyroid cartilage, associated with a fracture of the

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Body of KEVIN HURD SR.

115 right cornu. A symmetrical fracture of the left thyroid cornu
116 is associated with scant hemorrhage surrounding the bone. The
117 tongue on external examination has two 1-cm pale abrasions and
118 appears congested. On cut section it has diffuse congestion and
119 faint punctate abrasions.

120

121 **Blunt Trauma:**

122 Upon reflection of the scalp, there is a 2.5 by 1 cm right
123 posterior parietal contusion. There is no subjacent skull
124 fracture, epidural, subdural, or subarachnoid hemorrhage. The
125 brain is unremarkable.

126

127 A 3/8 inch healing brown contusion is at the upper inner right
128 arm. A 1/2 inch faint red contusion is at the volar lower right
129 arm. A 1/8 inch dry crusted red abrasion is at the distal
130 interphalangeal joint of the left index finger. A 1/16 inch
131 punctate red abrasion is at the inner distal interphalangeal
132 joint of the left middle finger. A 1-1/2 red contusion is at
133 the outer right knee. A 1-1/2 by 1/2 inch red contusion is at
134 the upper right shin, below the knee. Multiple (approximately
135 seven) 3/4 inch, brown and yellow, healing contusions are at the
136 back right thigh. A 3 by 2 inch purple contusion is at the
137 right popliteal fossa. A faint, healing, brown and yellow

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138 contusion measuring approximately 3 inches in maximal size is at
139 the back lower left thigh, above the popliteal fossa. Two brown
140 contusions, one measuring 1/2 inch and one measuring 3/4 inch,
141 are at the outer left thigh. A 2 by 1 inch, healing, brown
142 contusion is diagonally oriented at the mid front left thigh.

143
144 *The injuries above, having been described once, will not be*
145 *repeated.*

146
147 **INTERNAL EXAMINATION:** The body is opened in the usual manner
148 with a Y-shaped incision. No adhesions or abnormal collections
149 of fluid are in any of the body cavities. All body organs are
150 in normal and anatomic position. The serous surfaces are smooth
151 and glistening. The subcutaneous fat measures approximately
152 1-1/2 inches in maximum thickness at the level of the umbilicus.
153 There is diffuse visceral congestion.

154
155 **HEAD AND CENTRAL NERVOUS SYSTEM:** Reflection of the scalp shows
156 the usual scattered reflection petechiae. The calvarium is
157 intact. The brain weighs 1,570 grams. The dura mater and falx
158 cerebri are unremarkable and the leptomeninges are thin and
159 delicate. The cerebral hemispheres are symmetrical. The

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Body of KEVIN HURD SR.

160 structures at the base of the brain, including cranial nerves
161 and blood vessels, are free of abnormality.

162

163 Sections through the cerebral hemispheres reveal no lesions
164 within the cortex, subcortical white matter or deep parenchyma
165 of either hemisphere. The cerebral ventricles are of normal
166 caliber. Sections through the brain stem and cerebellum are
167 unremarkable. The first portion of the spinal cord, viewed
168 through the foramen magnum, is unremarkable.

169

170 **NECK:** The neck is dissected after the thoracoabdominal and
171 cranial contents are removed. Examination of the soft tissues
172 of the neck, including large vessels and strap muscles, reveals
173 no additional abnormalities. The superficial and deep muscles
174 of the neck are otherwise firm, red-brown, intact, and
175 unremarkable. The hyoid bone and larynx are intact. The tongue
176 is otherwise normal. The neck block is retained in formalin as
177 evidence.

178

179 **CARDIOVASCULAR SYSTEM:** The heart weighs 480 grams. The
180 epicardial surfaces are smooth, glistening, and unremarkable.
181 The coronary arteries arise normally and follow the distribution
182 of a right dominant pattern with 50% atherosclerotic stenosis of

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Body of KEVIN HURD SR.

183 the left anterior descending coronary artery and no other
184 significant atherosclerosis. The chambers demonstrate left
185 ventricular hypertrophy and the valves bear the usual
186 size/position relationship, are morphologically normal and are
187 unremarkable. The valves are free of vegetations. The
188 myocardium is dark red-brown, firm, and unremarkable. The
189 atrial and ventricular septa are intact and the septum and free
190 walls are free of muscular bulges. There is no focal or
191 regional fibrosis, erythema, pallor or softening. The left
192 ventricle measures 1.6 cm and the right ventricle measures
193 0.3 cm in thickness as measured 1 cm below the respective
194 atrioventricular valve annulus. The interventricular septum
195 measures 1.8 cm in thickness. The aorta and its major branches
196 arise normally and follow the usual course with no significant
197 atherosclerosis. The orifices of the major aortic vascular
198 branches are patent. The vena cava and its major tributaries
199 return to the heart in the usual distribution and are
200 unremarkable.

201
202 **RESPIRATORY SYSTEM:** The right and left lungs weigh 740 and 730
203 grams, respectively. The upper and lower airways are patent and
204 the mucosal surfaces are smooth, yellow-tan, and unremarkable.
205 The pleural surfaces are smooth, glistening, and unremarkable.

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206 The pulmonary parenchyma is red and the cut surfaces exude
207 marked amounts of blood and frothy fluid. There are no masses,
208 hemorrhages, consolidations, obstructions or destructive
209 emphysema. The pulmonary arteries are normally developed and
210 patent. There is no saddle embolus on *in situ* examination of
211 the pulmonary trunk.

212

213 **HEPATOBIILIARY SYSTEM:** The liver weighs 1,790 grams. The
214 hepatic capsule is intact, smooth and glistening, covering red-
215 brown parenchyma. The gallbladder contains approximately 12 ml
216 of green viscid bile without stones. The gallbladder mucosa is
217 speckled yellow on a velvety red background. The extrahepatic
218 biliary tree appears to be patent.

219

220 **HEMATOPOIETIC SYSTEM:** The spleen weighs 270 grams and has a
221 smooth intact capsule with a 1.5 cm accessory splenule. Both
222 have red-purple, moderately firm parenchyma. The splenic white
223 pulp is grossly unremarkable. The regional lymph nodes appear
224 normal. The bone marrow (rib) is red-purple.

225

226 **ENDOCRINE SYSTEM:** The pituitary gland is intact, normally
227 developed, and is unremarkable without laceration, hemorrhage,
228 or mass lesion. The thyroid gland is symmetric and unremarkable

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229 with a firm, red-brown, granular parenchyma and no cyst,
230 hemorrhage, fibrosis, or mass lesion. The adrenal glands are
231 normally situated and have soft, yellow cortices and soft, gray-
232 brown medullae. The pancreas has a soft, tan parenchyma with a
233 normal lobular architecture and no saponification, pseudocyst,
234 neoplasm, fibrosis, hemorrhage, or mineralization.

235

236 **GASTROINTESTINAL SYSTEM:** The esophagus is lined by gray-white,
237 smooth mucosa. The gastric mucosa is arranged in the usual
238 rugal folds, and the lumen contains approximately 20 ml of dark
239 red, possibly bloody fluid with chunks of partially digested
240 food. There are no pill fragments or foreign bodies identified.
241 The small and large bowels are unremarkable. The appendix is
242 unremarkable. The colon contains soft, green stool.

243

244 **GENITOURINARY SYSTEM:** The right and left kidneys weigh 150 and
245 160 grams, respectively. The renal capsules are smooth, thin,
246 semitransparent, and strip with ease from the underlying,
247 smooth, red-brown, firm, cortical surfaces. The cortices are of
248 normal thickness and well-delineated from the medullary
249 pyramids. The calyces, pelves, and ureters are unremarkable.
250 The urinary bladder contains approximately 10 ml of opaque
251 yellow urine. The mucosa is gray-tan, and smooth. The

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252 bilaterally descended testes are unremarkable. The prostate is
253 unremarkable.

254

255 **MUSCULOSKELETAL SYSTEM:** The skeleton is well developed and
256 without deformity or osteoporosis. The vertebrae, clavicles,
257 ribs, and pelvis are without fracture. The supporting
258 musculature and soft tissues are not unusual. The firm, red-
259 brown muscles are well hydrated and free of focal lesions. The
260 cervical spinal column is stable on internal palpation.

261

262 **Spec. to Pathology:** Portions of all major organs are fixed in
263 formalin and retained.

264

265 **Spec. to Histology:** None.

266

267 **Spec. to Toxicology:** Peripheral blood, central (heart, right
268 ventricle) blood, bile, gastric contents,
269 liver, urine, and vitreous humor.

270

271 **Physicians Present:** Drs. Judy Melinek, Thomas Beaver, and John
272 Iocco.

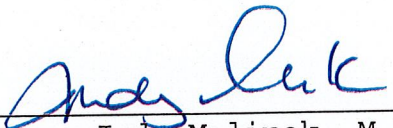
273

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274 **Forensic Techs:** Jesika Grubaugh, Odette Peña, and Herminia
275 Gutierrez.

276
277 **Evidence:** Blood spot on filter paper for DNA,
278 clothing, ligature, gunshot residue (GSR)
279 kits from bilateral hands (front and
280 back), pulled scalp hair, fingernail
281 clippings, and nail clipper.

282
283
284  4/21/14
285 Judy Melinek, M.D.

286
287 JM/cah



CENTRAL VALLEY
TOXICOLOGY, INC.

Case Name:

Hurd,

Kevin

TOXICOLOGY NUMBER:

CVT-14-4606

27 ml peripheral blood labeled "Hurd, Kevin; 2014-00955; 03/27/2014"

Specimen Description:

Delivered by Tricor

Date 31-Mar-14

Received by Bill Posey

Date 31-Mar-14

Request: Complete Drug Screen

Agency Case # 2014-00955

Requesting Agency

Alameda Co. Coroner's Office

Attn: Acct's Payable

480 4th Street

Oakland CA 94607

Report To

Alameda Co. Coroner's Office

Attn: Dr. Melinek

480 4th Street

Oakland CA 94607

Specimen: Peripheral Blood Sample

RESULTS

Complete Drug Screen: No common acidic, neutral or basic drugs detected.
No Ethyl Alcohol detected.

B. L. Posey

April 09, 2014

ENTERED
4/11/14
KNE#263

B.L. POSEY
S.N. KIMBLE
Directors

1580 Tollhouse Road
Clovis, California 93611
Phone (559) 323-9940
Fax (559) 323-7502